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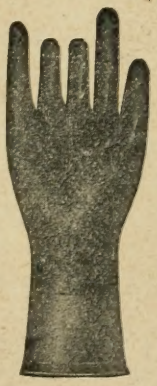

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The Eight-Hour Day for Nurses

By L. M. EDY, R. N.

Read at the Alberta Graduate Nurses' Association, Edmonton, October, 1919

That nursing has become a profession is a firmly established fact; and with such a status it must needs consider some of the problems of nursing, such as instituting the eight-hour day system in our schools of nursing in place of the present twelve-hour day, which is not entirely in keeping with the obligations of a profession.

There is, to my mind, no argument against the eight-hour day, if it can be adjusted in such a manner as not to cause discomfort to the patient and a large expense to the hospital in the form of a greatly increased personnel.

We have learned, through experiments of scientific experts and also through our improved system of organization, that shorter hours increase the amount of work and improve its quality; and there is no reason to suppose that the amount of staying power is greater in the individual in the nursing profession than in any other work which calls for an equal amount of mental application, plus supreme physical effort.

There is no university that taxes its students, both mentally and physically, as does the modern school of nursing; and the hospital must

realize that, if it maintains a school of nursing, it must assume the responsibility that any teaching centre does which houses an educational institution. Unless that is a firmly understood fact by the members of hospital boards, they will not be able to see the necessity of adjusting conditions to meet the demands which are fast being forced upon us.

The relation of over-work and long hours to illness is supported by a wealth of clinical evidence. Fatigue is declared to constitute a permanent predisposition to all diseases and creates a condition of lowered resistance, which not only invites infections of all kinds, but aggravates the course of the disease.

The relation of fatigue to accidents and mistakes has also been well established. The attention flags, there is difficulty in concentrating thought, and the result is that accidents often occur; and we know that in nursing, where concentrated attention and alertness are so necessary, the patient's life may be endangered by the mistakes or oversight of an over-tired nurse.

A most interesting study of this question is found in the report of the English Ministry of Munitions, published in 1917. The munition workers were working long hours, with a great deal of overtime; and it was proven that, by reducing the hours, the health of the workers was greatly improved, and the output of munitions was increased instead of decreased.

There is also every evidence that night work is harder on the health than day work, and the quality of the work inevitably suffers, which should be a strong argument in favor of the shorter hours; for, of necessity, there must be the night duty, as the hospital is not like the university which closes its doors each night, but must be kept at the same height of efficiency for twenty-four hours of each day.

It is apparent to all who are intimately concerned in the training of nurses that the old tradition of long, continuous hours of duty as a test of their physical endurance does not suffice. The period of the survival of the fittest is past.

Too many fine women are lost to the profession because they could not measure up to this test of physical endurance.

All who are interested in the progress of nursing are proud of the steps made in raising standards and increasing teaching facilities, but the supreme test of our progress is the means we have commanded to conserve the health of our pupils. To-day the profession needs women with vision, health and vigor. We want to send our women out as public health nurses, teachers of hygiene, social service workers—yet we fail to give them the very essentials each one will be expected to inculcate in her work.

Opposition to the shortened hours may come from lack of funds to provide for the extra nurses, and also from lack of accommodation for the nurses; but these reasons should not let us accept these conditions.

The community which supports these schools must be educated to consider the life of the nurse, and the danger that surrounds her, from the time she enters the training school to the last day of her nursing activity. It is not so much the absence of exposure to disease that keeps us well, but the strength of power for resistance.

It is the exhausted nurse who falls a victim to the infection which she has to encounter, and the long consecutive hours are a most important contributing factor to this exhaustion.

The modern school of nursing has now a curriculum which enables the graduate to meet the demands of many branches of the nursing profession, which curriculum represents hours of study and constant application in a practical form for three years; therefore more time must be allowed for studies than can be arranged with the twelve-hour duty. Then, too, there is ample time for recreation; and it is possible for students to live the life of normal, healthy and energetic women, with greater culture and a saner outlook on life.

The following schedule, with some modifications, has been in operation at the Calgary General Hospital since February of this year, and has been found practical and reasonable of accomplishment:

First Division—7 a.m. to 7 p.m., with four hours off duty, and 7 a.m. to 3 p.m., the latter time being taken by only one or two nurses in each ward.

Second Division—3 p.m. to 11 p.m. The number assigned for this duty is usually not more than two nurses for each ward, taking the place of those leaving at 3 a.m., and carrying on the work from 1 to 11 p.m. after the regular day staff have gone off duty.

Third Division—11 p.m. to 7 a.m. Extra time is allowed each Sunday. All class and lecture hours are taken from time-off duty; and if a nurse who is on 3 to 11 p.m. duty has class at 4 p.m., she reports at 2 p.m. instead of 3.

One of the greatest assets to the hospital is a sufficient number of nurses; but in having the required number, there is the great danger of over-crowding and not giving the nurses the attractive and good accommodation which is their right; and no hospital is fulfilling its obligation, either to the patient or the nurse, which fails in this particular, as a young woman cannot give the efficient service, coming from a crowded and poorly-ventilated room, that she otherwise would.

Too many hospitals try to economize in the nursing department, including accommodation for nurses, with the result that they turn out dissatisfied patients, and broken-down, discouraged nurses. Plenty of good, healthy, happy nurses go to make satisfied patients, and that is what every hospital must have in order to be a success.

So the need for shorter hours is indisputable; and hospital boards must be invited to the point of action, and not look upon the pupil nursing staff as a cheap means of securing nursing, entirely losing sight of the fact that the period of training is but a period of preparation and

education, and that the hospital is morally responsible for the physical condition of the student.

Then why not investigate all the new methods, all the conveniences —everything that will save the steps and conserve the energy of the nurse? Each hospital has its own problem, and each must seek its own remedy.

The Foreign Problem as Related to Public Health

By Jean Crosbie, R. N.

Read before Annual Convention of Alberta Graduate Nurses' Association

The field of public health being yet in its first stage in Alberta, this season must needs deal more with the things to be undertaken rather than work accomplished; and, since the scope of public health service is unbounded, and carried on without petty scruple as to the political, religious or social standing of an individual or a community, I feel that I may, without criticism, bring before you the foreign problem as it presents itself to my mind—not from the Great War Veterans' point of view, nor yet from the party politicians, but simply from the point of view of the nurse whose work brings all classes and races under one great heading, *Humanity*.

This phase of the situation is no less serious than the many other aspects, being much more frequently brought to our attention through the medium of newspaper and periodical, in that it threatens the health of our citizens by the spread of the well-known scourge, tuberculosis.

May I offer my reason for this rather broad statement?

About two months ago I spent some time in a district, not so very far north of this city, composed chiefly of Russians, Galicians, Ruthenians, etc; and it is from observations there, and the information of doctors who have worked for years in the community, that I base my authority.

To prove the menace of such a disease in a community where it is still believed to be caused by cold or "chilling of the blood," as the people express it, and where methods of prevention are neither known nor appreciated, I might quote the twenty-six cases almost certainly traced to one individual as the cause; or the case of the six-year-old child with tubercular hip disease, whose father opened the hip with a razor after being advised by the doctor to have the child operated upon.

Surely such conditions constitute a very real problem in the progress of our province. Do you not agree with me?

Now wherever a problem arises, there arises also the necessity of coping with that problem, if we would not be entirely swamped by ex-

isting conditions; and, since we all know that tuberculosis is a disease which will swamp foreigner and Canadian alike, if not made a matter of Government protection and interest, a consideration of the fact that Alberta has at last a public health organization (even if a young one) should be a most encouraging thought at a convention of this kind, where everyone is especially interested in all things pertaining to the nursing world.

Why? Because it is only through public health channels that this particular problem can be reached.

How? Here one might almost quote, with Shakespeare: Ay, "that is the question," since time, transportation and language are three formidable barriers in the way.

Were there time, we might have an interesting and profitable round-table discussion on "Probable ways and means of combating this problem"; in fact, I rather regret your not being able to voice your opinions now, since—although I speak without authority—I somehow feel that perhaps before another convention season our department may have taken up this question, and you may then have someone telling you how, without having had an opportunity to voice your own ideas regarding this great undertaking.

My personal views on the subject are entirely in sympathy with those of the eminent bishop who, when questioned regarding a certain religious problem, replied: "Get me the child until he is ten years old, and then do as you like with him."

He realized the fact that the impressions and teachings of childhood are the ones that remain with us for life. And does not that truth make our duty the more plain regarding the children of our foreign communities, if we would have our future Canadian citizens a credit, not a blight, upon our nation?

To me it implies the necessity of health and education co-operating —teacher and nurse working together for the benefit of the child, and an awakening of the general public to a deep enough interest in the work to demand a larger staff of workers.

As members of the nursing profession, may I ask, in closing, that you do your little bit towards the progress of our work by stimulating an interest in your community, wherever that may be.

Spin cheerfully,
Not tearfully,
  Though wearily you plod.
Spin carefully,
Spin prayerfully,
  But leave the threads with God.

ANON.

Address to the Graduating Class, Johns Hopkins Training School for Nurses

By Winford H. Smith, M. D.

The history of the development of training schools for nurses is not only most interesting, but shows that it has been truly remarkable. From the beginning the movement has swept steadily forward, meeting new problems, ever-increasing demands, and broadening in its scope. Where forty-five years ago there was one school for nursing, there are now nearly 2,000, with an annual output of approximately 12,000 graduates. When we consider these facts, and realize that in the great war which has just ended 30,000 trained nurses were enrolled, and over 23,000 in active service, with 60,000 or more in the hospitals and in community service of one kind or another, we realize what the training schools for nurses have contributed to the country.

The movement has grown in pace with the development of hospitals and the increasing demands of the medical profession and the public. Never before has there been such a variety of opportunities open to the nurse; and yet there are important problems still to be solved, and fields of service just beginning to open. I wish to speak briefly of only a few of the problems, in the hope that you may obtain a better understanding of them, and a desire to help in their solution.

In spite of the remarkable development of hospitals and training schools, there has been constantly before us an unsolved problem in nursing which is becoming more pressing each year—that of providing for the sick in the homes of the poor and the people of moderate means. The hospitals are available, it is true; but the people of moderate means, desiring to pay for what they receive, have little choice between the public ward and a private ward beyond their means. The real problem is care in the home; for probably over 80 per cent. of those who are ill never reach a hospital, and the majority of these do not need hospital care, but home care. Efforts to meet this situation have been made by the organization of visiting nurse associations, by hourly nursing and various other measures; but if we but consider for a moment, we must realize that these merely scratch the surface—the great problem is still unsolved. Dr. Henry Favill, of Chicago, in discussing this problem, points out that the great question is that of expansion, which is inevitable; that we have arrived at practically an "impasse"; that "the point has been reached where the structure is greater than the foundation, and the foundations have got to be broadened to insure the stability of the super-structure." Various suggestions have been put forward, but no general plan as yet has been adopted as the solution.

Some earnestly advocate lowering entrance requirements to schools, shortening the courses of training, and otherwise lowering the standards of training, in the hope of inducing more young women to enter the

nursing field, and thus supply nurses for the poorer classes. This idea takes no cognizance of the fact that, in the main, it is human nature to seek employment where wages are highest; that to do this would, in effect, flood the market, and in other ways discredit nursing as a profession, as it is now recognized, and would turn the best material into other fields, going far towards eliminating the highly-skilled trained nurse, who is so essential to the physician, the surgeon, the sanitarium and the public health administrator, replacing her by less well-trained, less reliable nurses, who would not meet all the requirements, and again we should be sadly lacking in an essential factor.

Others place the burden of responsibility upon the nursing profession, blaming its members because they will not go into the homes of the poor for a lower wage. It would seem that the gain in numbers, at the expense of thoroughness and competency, is no more desirable than it is in medicine. Poor nurses for poor people does not seem to be the proper solution.

As to the responsibility resting upon the nursing profession to send its members among the poor at a lower wage, that is most unreasonable, although there are many who do it now. There is no more reason in such a contention than that physicians should devote themselves to the poor. In general they do, but again it is a question of supply and demand; and the more successful the physician, the less time he has for the poor outside of hospitals. It is pretty much human nature, everywhere, for everyone to strive to better his condition, and success in the main is measured by earnings and not by service rendered.

It has been suggested that the solution lies in increasing the supply by training different grades of nurses, grading and classifying them according to their training and experience. Careful consideration of this by thoughtful and experienced judges has led to the conclusion that, as long as human nature is such as it is, we cannot expect people to stay classified in a lower grade at a lower wage, so long as an uninformed public is unprotected by law preventing the untrained from posing as trained and competent nurses. However, it must be said that, while there is no place for the quack in medicine, there is distinctly a place for the woman who, while not a trained nurse, is competent to assist and carry out the simple procedures.

The real difficulty in solving the problem lies in the fact that our whole civic and state system is faulty in so far as it relates to the care of the poor and the sick. The present system may be the best so far as it goes, but it is not one of justice—that the majority of our charitable organizations and hospitals must be maintained by private philanthropy. It is the duty of the state, or its subdivisions, to provide these agencies, properly administered; then the burden would be distributed equitably upon all. But the states and municipalities fail to appreciate the necessity or the economic value of employing every means of conserving

health and restoring the health of its less fortunate citizens, who are unable, from various causes, to provide for themselves.

Until such recognition comes, if desirable, is it not possible that the answer lies in organization and the inauguration of a system of home nursing on a large scale, which recognizes the trained nurse of present high standards, or even higher, as an essential factor, and supplements her by the employment of experienced assistants and household workers? This idea means the development of the visiting nurse plan on a much broader scale, and has been tried with conspicuous success in several cities, notably Detroit. It supplies trained nurses in sufficient numbers to do the skilled work and to supervise the assistants, each nurse visiting and supervising as many cases as possible. It supplies sick-room attendants or assistants where needed to supplement the trained nurse, and, where the need is for house work, houseworkers are supplied. The hospitals are always available and desirable for those seriously ill. Charges for the service are made according to the type of service rendered, and in proportion to the family means. The assistants and household workers may obtain their experience either in actual field work, or in short, practical courses in selected institutions, particularly in those not requiring or able to support training schools, such as institutions for chronic invalids, nurseries, asylums and sanatoria. This system, carried out on a large scale adequate to the size of the problem, seems at the present time to be the best solution.

Public health work in its more general phases is coming more and more to the fore, and the trained nurse is an important factor throughout. The profession of nursing is here taking on fresh significance; and the nurse to-day who is concerning herself with the greatest of all human problems, the protection of the health of the people, represents an idea still in the formative period.

There is a marked shortage in this field, which is to be expected, since there has been no general system of training for this work. The training schools prepare for private and institutional nursing. Entry into public health nursing requires further preparation. Most nurses, after three years of training, do not view with joy the prospect of still further training—they are inclined to try their wings, and many cannot afford to give further time without adequate remuneration. The question presents itself: Should not three years be sufficient in which to provide at least the necessary grounding to enable a nurse to enter the field of public health activities? Many hold that it does, and this opinion will probably prevail.

In view of our wider knowledge and appreciation of social conditions, their relation to public health and the possibilities and economic value of prevention of disease, it is apparent that the time has arrived when we must consider a readjustment in the system of nursing education. We have gone far beyond the original conception of nursing, and we are now beginning to believe that the idea of the future should be

that of training for public service, that therein lies the greater field. I do not wish to be understood to belittle the private nurse — she will always be necessary; but in this connection I must say that I hope the day will come when the trained nurse, possessor of unusual talents and experience which enable her to render such splendid service, will be unwilling to serve merely as a companion when her training and experience are entirely unnecessary. Every trained nurse, who is mentally and physically sound, is too urgently needed to warrant such waste.

In discussing these new fields, particularly that of public health nursing and the inherent needs, Dr. C. E. A. Winslow, of Yale University, says:

"All of this requires, obviously enough, a highly trained and specialized expert. I have no knowledge of the requisites for 'sick nursing'; but it is quite clear that, in public health work, the visiting nurse must be no empirically trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation, which means a mastery of the principals of physiology and bacteriology; and she must have a minute grasp of their special application in the field of her own work, whether it be school nursing, tuberculosis nursing, or infant hygiene. She must know these things, not merely as a practitioner, but as a teacher, which means not only a knowledge of details, but a vision of their right relationship, and a talent for effective presentation."

It is thus apparent that our better training schools are well prepared, with some slight readjustments, to meet the new conditions; but it is also apparent that readjustments must be made, unless we wish to have a situation forced upon us by those whose chief concern is in meeting the general social and public health demands.

The burden of responsibility placed upon hospitals and their training schools for nurses, in the matter of training women to meet the ever-increasing demands, is a considerable one, and it were well for us to consider whether or not the system is capable of meeting this responsibility.

The rapid growth of the hospital and training school system has inevitably developed certain weaknesses. It has been impossible to satisfy all demands of a medical profession, rapidly broadening in its scope, linked with a growing appreciation of the importance of certain phases of social life.

The original idea of training the nurse in the hospital to care for the sick in the home was a simple problem, to meet a simple demand, compared with the situation to-day. The problem now is much more complex, and the need of a sound system, greater than ever before, for the nurse is now demanded in almost every phase of our civic life to organize, to systematize and to teach.

It sometimes seems strange that a system of such vital importance is a subject upon which everyone feels competent to speak. Probably

this is because of the unstable foundation upon which the system is built, as compared, for example, with that of medical education. Training schools for nurses have always been dependent upon the backing of hospital boards, medical or lay, which were not interested primarily in education, and which too often view the problem from a purely selfish or commercial point of view. Most hospitals, whether able to furnish the funds necessary to operate the school or not, have hastened to establish the training school, because it was the common practice and the cheapest way to obtain the necessary service. Not a very satisfactory basis on which to build an educational system. This has accounted for the rapid increase in training schools, and in the same way medical schools multiplied, so long as the proprietary school was sanctioned. Just as medical educators strove for higher ideals, until to-day the proprietary school is fast disappearing, the number of medical schools has been reduced to nearly half the number of twenty years ago, and a standard of medical education prevails scarcely dreamed of a quarter of a century ago; so the leaders of the nursing profession have been striving to obtain compulsory registration of nurses, and generally to place training schools for nurses on a better basis. We owe practically all that has been accomplished to the nurses themselves; and it has been considerable, when we consider that nursing in America is probably better standardized than in any other country. Still there is much to be desired—schools for nurses should be recognized as educational institutions, the graduates of which are professional women, who have important functions to perform in the interest of public welfare. Educators are recognizing their importance by the simple fact that they are devoting so much time to criticism; but they must recognize that they have little ground for interference until they are willing to give recognition to these schools as being educational institutions, and assist in placing them on a satisfactory basis. Hospitals maintained by private philanthropy, for the primary purpose of affording care for the sick, cannot be expected to look upon this matter from quite the same angle as that of the educator or the theorist. The governing boards of such hospitals are likely to continue to regard their training schools as utilitarian, rather than as educational, departments. It is this condition which caused Dr. Hurd, in an address on schools for nursing, to relate the story of the missionary to the Cannibal Islands, and to compare the feelings of the nurse to that of the missionary who was delighted to receive an invitation to a feast, but was greatly surprised, on his arrival, to find that he was supposed to furnish the feast. Likewise, Dr. Winslow, referring to this subject, says: "The relation between the hospital and the training school should be a symbiotic one; it more nearly resembles a case of simple parasitism."

This in general is the situation, although there are notable exceptions. This school was established at the specific request of Johns Hopkins, who, in his letter of instruction to the board of trustees, expressed himself as follows:

"I desire you to establish, in connection with the hospital, a training school for female nurses. This provision will secure the services of women competent to care for the sick in the hospital wards, and will enable you to benefit the whole community by supplying it with a class of trained and experienced nurses."

Few schools have been so fortunate; yet I am sure that the trustees of the hospital, with limited funds at their disposal, constantly faced with increasing demands from all departments, would welcome an endowment fund adequate to ensure to the school all that it requires, for such is earnestly to be desired. No training school can ever be considered on a safe foundation for meeting the demands of the future without specific endowment, or a definite budget, to guarantee its integrity as a school, rather than as an utilitarian department.

I have dwelt upon these conditions at such length because I wish the pupils to understand the situation and to appreciate that there are serious problems still before us, in the solution of which they may have a part, and toward which, for the sake of their profession, they should recognize their duty.

I may have seemed thus far to have neglected the graduating class; but of advice, I am sure, they have had sufficient; if not, they are in no mood to receive it at this time. I have refrained from extolling the noble traits of the nurse and the nobility of her profession, for you are intelligent, well-trained young women. You know the value of your work, the need of your service, and require no words from me to impress upon you the dignity, either of yourself or your profession.

I hope, however, that these remarks may bring to you a better appreciation of the problems of nursing education, the opportunities of service, and that you will consider very carefully which field of endeavor in line of your training you are best fitted for, and in which you can contribute most in service to others.

Before presenting to you the tangible evidence of your professional equipment, for which you have worked so hard and so faithfully, I wish to assure you of our pride in your achievements. We expect that you will in every way prove worthy of the best traditions of the institution which you represent, and which will be judged as you individually are judged. We shall follow you with our best wishes and sincere interest wherever you go, or whatever you do. I welcome you to the profession of nursing, and bid you God-speed.

—*The Johns Hopkins Nurses' Alumnae Magazine.*

In the long run men hit only what they aim at. Therefore, though they should fail immediately, they had better aim at something high.

HENRY DAVID THOREAU.

He who is his own friend is a friend to all men.—SENECA.

A Survey of Nursing in China

By L. A. Batty

Like most great projects in any land, the work of nursing in China had a small beginning; but we shall see, before we finish the paper, to what proportions it has grown; and how great a factor it will yet become among this mighty people, only the future can reveal. Certainly it ranks in the forefront with other professions in offering unlimited opportunities and great possibilities of service to well-educated women and men all over China.

Mrs. E. H. Thomson has the honor of being the first fully-trained nurse to come to China. She had taken her training in the Woman's Hospital, Philadelphia, and arrived in Shanghai as Miss E. M. McKechnie in March, 1884, under the auspices of the Woman's Board, and was associated with Dr. Reifsnyder when the Margaret Williamson Hospital was established, where at first she was obliged to do much of the nursing herself.

During her time young unmarried women did not take up nursing, and, according to Chinese custom, it was not considered proper for them to do so. Neither was there any call for nursing outside; so her aim was to get widows, of a suitable age, who would be willing to stay and serve in the hospital, and they were trained with this in mind. Having had some training in pharmacy, she took charge of the drug-room work, and trained her assistants in that department also. In fact, she turned her hand to whatever there was to do about the hospital; and Dr. Reifsnyder, in speaking of her devotion and valuable assistance, says that "Whatever success has attended the work is due not a little to her counsel and help." The N. A. C. considers it an honor to have her name on the register as the first honorary member. Our other honorary member, Mrs. Davenport, arrived in China in 1891, and proceeded at once with her husband to Chungking. Both here and in Wuchang, to which city they removed in 1897, the problem of nursing faced them. Like Miss McKechnie, in any cases requiring real nursing, Mrs. Davenport had to do it herself; for the rest, coolies assisted in the work.

On every hand difficulties, many and varied, met these early pioneers of nursing; and years passed by before prejudice and fear were sufficiently broken down to allow of anything approaching actual training of nurses to be attempted. There is no official record of the many nurses who came to China and did excellent work during the years that followed; nor was there, so far as I can learn, any attempt made to form an organized society of nurses until, on Aug. 19, 1909, at lot 38a, Kuling, a preliminary meeting was called, with five nurses and two doctors present. Miss Hawley was appointed chairman for the year, and another meeting was held August 25th. They were earnest souls, and for the third time that month, August 31st, they met this time to

decide upon the proposed constitution for the new society, "The Central China Organization for Nurses and Associates." The constitution was approved of (later some changes were made), the charter members numbering thirteen.

The fallow ground had been broken and the members parted, to meet again in the second annual meeting of the association August 18th, 1910.

This year some important measures were discussed and later passed as resolutions:

1. Development of some means of contact with every nurse in China, and, if possible, increasing to the same extent our membership.

2. A movement to provide a magazine devoted to our interests, and having both English and Chinese departments.

While heartily in sympathy with the suggestion, after discussion, the decision was reached that the time was not yet ripe to take this step.

3. That representatives of different nationalities interested in the association should immediately take measures to induce the editors of their respective nursing journals to devote space to the subject of nursing in mission stations, and then supply them with available material from China.

It was also decided at this meeting that Chinese nurses who "have received a certificate signed by one or more qualified practitioners shall be eligible for membership in the nurses' association, subject to the approval of the executive committee."

In spite of the good work done and the efforts made to further the interests of the organization, the growth of the association lapsed, and 1911 passed without a meeting and without any record of further work having been done. In the early part of 1912 a meeting was called together in No. 6 classroom, Union Church, Shanghai, to *bury* the association. But it was not to be. Zealous hearts decided it should live; and on July 18th, 1912, we find the third annual conference again assembled at Kuling. Officers for 1912-13 were appointed, and the constitution revised and arranged in its present form. A committee was chosen which "brought forward the outline scheme of a uniform curriculum, and regulations to govern a national examination for Chinese nurses under the N.A.C." The whole was eventually adopted, with only slight alterations. Since then the work has gone steadily forward, until now, December, 1919, the association numbers one hundred and fifty-four full members, twelve associates, and forty Chinese nurses.

Hospitals having their schools registered under the N.A.C. must be able to comply with the following regulations:

(a) The hospital must have at least twenty-five beds.

(b) The average number of patients per year should be at least two hundred.

(c) Surgical and medical cases with obstetric work for women.

(d) The training schools shall adopt the uniform course of study and examinations required by the N.A.C.

(e) It is desirable that the medical staff of the hospital should assist in the lectures and in teaching the nurses.

(f) Women nurses should have practical experience in obstetrics, as assistants to the doctors, in at least ten cases during their training.

(g) The training school must be in charge of a full member of the N.A.C.

The following is a list of the schools registered under the N.A.C., with names of mission, city, and date of registration:

Magaw Memorial, M.E.M., Foochow, July 1914; Woman's Hospital (Shantung Road), N.M.L., Shanghai, July 1914; Mary Black Hospital, M.E.M., Foochow, July 1914; Dragon Hill Hospital, C.M.S., Foochow, July 1914; Men's Hospital, L.M.S., Hankow, Sept. 1915; General Hospital, C.M.S., Foochow, Sept. 1915; Hunan-Yale, Yale Mission, Changsha, Sept. 1915; Hodge Memorial, W.M.S., Hankow, Sept. 1915; Lettie Mason Quine, M.E.M., Chinkiang, Sept. 1915; Gamble Memorial, M.E.M., Chungking, Sept. 1916; St. James' Hospital, A.E.M., Anking, Sept. 1916; Sleeper Dzvis, M.E.M., Peking, Sept. 1916; Memorial Hospital, S.M.M., Soochow, Sept. 1916; St. Elizabeth's, A.E.M., Shanghai, Sept. 1916; Missionary Hospital, A.B.C.F.M., Foochow, Sept. 1916; C. M. S. Hospital, C. M. S., Futsing, Sept. 1916; Woman's Hospital, S.P.M., Kiangyin, Jan. 1917; St. Luke's, A.E.M., Shanghai, Jan. 1917; St. Luke's, C.M.S., Hinghwa, Jan. 1917; Wo. Dept. Ch. Gen. Hosp., A.E.M., Wuchang, Jan. 1917; Canton Hospital, W.A.B.F.M.S., Canton, Jan. 1917; Men's Hospital, M.E.M., Peking, May 1917; Union Medical College Hospital, China Medical Board, Peking, Jan. 1918; Temple Hill Hospital, Am. Pres., Chefoo, Jan. 1918; Men's Hospital, S.P.M., Kiangyin, Feb. 1918; United Evangelical, U. E. M., Liling, Feb. 1918; Union Hospital, M.E.M., Huchow, Feb. 1918; Isabella Fisher, M.E.M., Tientsin, Feb. 1918; Kung Yee Hospital, Am. Pres., Canton, Feb. 1918; Pres. Hospital, Am. Pres., Changteh, Feb. 1918; General Hospital, M.E.M., Wuhu, Sept. 1918; Men's Hospital, W.M.S., Anlu, Sept. 1918; Woman's Hospital, W.M.S., Anlu, Sept. 1918; Memorial Hospital, M.E.M., Sienyu, Sept. 1918; Christian Hospital, Christian Mission, Nan Tung Chao, Sept. 1918; Men's Hospital, A.E.M., Wuchang, Sept. 1918; General Hospital, C.M.M., Tseliutsing, Oct. 1918; Ming Kang Hospital, N.P.M., Hwai Yuan, Oct. 1918; Hoy Memorial, Reformed Church, Yochow, Oct. 1918; University Hospital, Eng. Bap., Tsinanfu, Mar. 1919; Men's Hospital, L.M.S., Shangtung Road, Shanghai, May 1919; Kashing Hospital, S.P.M., Kashing, May 1919; Woman's Jubilee Hospital, Eng. Wes. Mission, Hankow, May 1919; Willian's-Porter Hospital, A.B.C.F.M., Tehchow, Sept. 1919; Men's Hospital, C.M.M., Chengtu, Sept. 1919; Women's and Children's, C.M.M., Chengtu, Sept. 1919; Hugh O'Neill Memorial, A.P.M., Shuntehfu, Sept. 1919; Baptist Hospital, A.P.M., Ningpo, Sept. 1919; Hunan-Yale Hospital, re-registered Sept. 1919.

Ten provinces are represented as having registered training schools: Fukien, 7; Kiangsu, 11; Szchuen, 4; Shantung, 4; Kuantung, 2; Anhuel, 4; Honan, 4; Chehkiang, 1; Hupeh, 7; Chihli, 4. Total, 48.

The course of study includes the following subjects:

First Year

Elementary anatomy and physiology, hygiene and elementary bacteriology (including theory of sepsis, infection, contagion, etc.), Chinese dietetics.

Bandaging (roller and triangular bandages, preparation of splints, plaster of paris, etc.).

Materia medica of common drugs: doses, effects, administration, etc.

Common poisons and their antidotes.

General nursing principles.

Second Year

Medical nursing, theoretical and practical. Diseases of the circulatory, respiratory, digestive, and urinary system.

Of the skin and of infection diseases.

Surgical nursing, theoretical and practical. Fractures, burns, septic conditions, and hemorrhages; preparation of cases for operation, and their after nursing; preparation and conduct of operation theatres, including sterilization and care of instruments, ligatures and dressings, etc.

Nursing of children: medical and surgical cases.

Third Year

Ophthalmic nursing.

Gynecological and obstetric nursing (for women only).

Genito-urinary cases (for men only).

Ambulance and first aid.

The first candidates to be entered for examination was in June, 1915.

Applicants	Passed	Failed	Year
7	3	4	1915
9	7	2	1916
31	30	1	1917
77	65	12	1918
84	48	28, 8 withdrew	1919
Total, 201	150	51	

MIDWIFERY

Applicants	Passed	Passed	Year
5	5	0	1918
2	1	1	1919
Total, 7	6	1	

The larger number of failures in 1919 is due to raising of standard and change of text-books, rather than to poorer preparation of nurses. The papers, as a whole, were better than in former years.

There was not sufficient time to hear from all the schools registered as to how many nurses are now in training throughout China. In the fourteen schools heard from there are two hundred and fifty-five pupil-nurses taking their training and seeking to fit themselves to be skilled comforts and blessings to the sick and suffering of this great land.

When the association was first formed, the editor offered a page or two in *The China Medical Journal* to be devoted to nursing, which was accepted and continued until 1918, when it was decided to give this up and publish a *Quarterly News Letter* instead. This has been issued from time to time, and now a further forward step is being taken. In contrast with the aspirations of the charter members, when the association felt "that the time was not yet ripe for a magazine having both Chinese and English departments," to-day, January 5th, 1920, sees the first issue of a bi-lingual "News Letter" going to the press. Our thoughts are still upward and forward:

Like the staircase in ancient houses,
Long winding, and strangely dim,
It is faith that is needed for climbing—
Faith, rather than length of limb;
But there's light at the different landings,
And rest in the upper room,
And a larger range of vision,
And glorious thoughts to come.
How much of our life resembles
Time lost in going upstairs!
What days and weeks seem wasted!
But we're climbing unawares.

—C. A. Fox.

YET THEY MIGHT

They might not need me—yet they might,
I'll let my heart be just in sight;
A smile so small as mine might be
Precisely their necessity.

EMILY DICKINSON.

University of Alberta: Examination for Nurses' Registration

December 11th, 12th and 13th, 1919

Surgical Nursing, Etc.

Time: Three Hours

Note:—Answer questions 2, 5, 6, and any three others.

1. How would you prepare a patient for appendectomy? What instruments would you put out, and how would you prepare them? How would you prepare the necessary dressings?
2. What part do bacteria play in the causation of suppuration in an operation wound? What are the possible sources of infection?
3. What first aid would you render a patient suffering from
   (a) Severe epistaxis?
   (b) A wound of the forearm, bleeding freely?
   (c) A compound fracture of the leg?
4. How would you care for a patient following a major abdominal operation?
5. Name and locate the parts of the alimentary system, including the glands opening into it.
6. What is meant by nursing ethics?
7. What is Fowler's position? Why is it used, and what class of case does it suit best?

Medical Nursing, Etc.

Time: Three Hours

1. What symptoms would influence you to at once report to the doctor in case of
   (a) Typhoid fever?
   (b) Gastric ulcer?
   (c) Diphtheria?
   (d) Tuberculosis of the lungs?
   (e) Diabetes?
2. Prescribe a diet for a case of diabetes, giving a warning of what to avoid. Outline diet for cases of
   (a) Pneumonia;
   (b) Nephritis.
3. Having nursed a case of scarlet fever in a private home, describe your procedure when notified to release the child and return to your ordinary duties.
4. Give, briefly, the action and dosage of
   (a) Morphia;

(b) Tr. belladonna;
(c) Sod. salicylate;
(d) Sod. bromide;
(e) Mag. sulphate;
(f) Strychnine.

5. Give a general account of the circulation of the blood.
6. Name three communicable diseases which you can be protected from, and state the method of protection from each disease mentioned.

Obstetrical Nursing, Etc.

Time: Three Hours

Note:—Answer question four and any other five questions.

1. Describe what takes place in each stage of labor. What is the average duration of each stage in
   (a) Primipara?
   (b) Multipara?
2. Describe the care which a pregnant woman should take in regard to
   (a) Clothing;
   (b) Diet;
   (c) Exercise;
   (d) Bowels and kidneys;
   (e) The breasts.
3. How would you prepare for and carry out the catheterization of a patient in the puerperal period?
4. What are the symptoms of the presence of adenoids and diseased tonsils in a child? What ill results may follow their neglect?
5. Describe the inflammation of the eyes in the new-born as to
   (a) Causes;
   (b) Prevention;
   (c) Symptoms;
   (d) Treatment.
6. Give the symptoms of eclampsia, and describe your treatment pending the arrival of the physician.
7. How would you deal with postpartum hemorrhage, a physician being unavailable?

Practical and Oral Examination in Surgical Nursing

1. Prepare an ether bed for a patient and arrange for a rectal saline (Murphy drip). Value, 40. Time, 10; neatness, 10; quality of work, 10.
2. (a) If not satisfied that the milk supplied has been properly cared for, how would you treat it?
   (b) How would you proceed in pasteurizing milk in a private house?
   (c) What general care would you take of the milk supply in any private house?

(d) What are the common methods of promoting the digestibility of milk? Value, 20; 5, 5, 5, 5.

3. How would you fumigate a room, with a fireplace, after scarlet fever? Value, 20.

4. What should be your attitude in a private house toward your patient, toward the household, toward the friends? Value, 20.

Practical Examination in Obstetrical Nursing

1. (a) Apply breast-binder and abdominal-binder with dressing for obstetrical case: or
   (b) Prepare a basket or table for an infant's first bath. Value, 40.

2. (a) How would you treat cracked nipple?
   (b) What measures would you adopt to prevent caking of breasts?
   (c) How would you treat them if they became caked?
   Value: 6, 8, 6=20.

3. (a) Demonstrate irrigation of eyes, instillation of drops into eyes, treatment of baby's mouth at birth.
   Value: 6, 6, 8=20.

4. How would you arrange for 24-hour specimen of urine in a private house?
   Value, 20.

Practical and Oral Examination in Medical Nursing

1. Prepare a patient for a hot pack, or prepare a patient for a temperature bath.
   Value, 40. Time, 10; neatness, 10; quality of work, 20.

2. Describe one method of obtaining constant ventilation in wintertime in a room which has not been provided with ventilators.
   Value, 20.

3. (a) How would you care for the mouth of a typhoid patient: (1) preventive, (2) curative?
   (b) What may result from its neglect?
   Value, 20—6, 6, 8.

4. (a) Prepare a hypodermic injection of 1/100 gr. strychnine—given tablets 1/30 gr.
   (b) Pour for administering a dose of medicine.
   Value, 20—10, 10.

The world judges a man by his station. God judges by his character.

Get knowledge all you can; and the more you get—the more you breathe upon its nearer heights their invigorating air and enjoy the widening prospect—the more you will know and feel how small is the elevation you have reached in comparison with the immeasurable altitudes that yet remain unscaled.—Gladstone.

Status of Military Nurses

In General Orders 62, paragraph 23, June, 1899, the following appears: "The creation of the Canadian Army Medical Service, in connection with the Military Base Hospital and line of communication, is in consideration, and will be organized at a further date."

In November, 1899, a few nurses were sent to serve in the South African War with the South African Field Forces of Canada. The nurses reported to the British War Office in London, under whose orders they were, and they became absorbed by the Queen Alexander Imperial Military Nursing Service. They wore a distinctive Canadian uniform, khaki in color, and, in design, much the same as the present Service uniform of the Canadian Army Medical Corps Nursing Sisters.

In 1901 these nurses who served in South Africa were appointed Nursing Sisters in the Militia Army Medical Corps, but no mention of rank is made. (Reference G.O. 103 of 1901.)

In 1904 the reorganization of the Army Medical Corps took place, and Nursing Sisters were included in this reorganization and given relative rank. To quote from G.O. 98, July, 1904: "Nursing Sisters shall be given the relative rank of lieutenant. That is to say, their respective precedence shall be that of a lieutenant, but in no case shall their official distinction be other than Nursing Sisters, and they are not to have any military authority. It is to be distinctly understood, too, that a Nursing Sister is not to be detailed for duty except on authority from Headquarters, and that she is to be given pay and allowances for those days only on which she is actually employed under that authority."

Up to this date no military nurses had been employed in Canada in any military capacity; and you will note that the granting of rank was not a result of a request made by nurses, but was granted by those in authority at the time of the reorganization.

It is stated that the then D.G.M.S. (Director-General of Medical Service), in determining the status of Nursing Sisters in the military hospitals, decided that this relative rank should be given in order to give a status to the Nursing Sisters in keeping with their profession, and as the means of maintaining the greatest efficiency in the Nursing Services.

In 1906 two Nursing Sisters were appointed to the Permanent Army Medical Corps, and employed at the Station Hospital in Halifax. During the succeeding years qualified nurses were given a course of training along military lines at this Station Hospital. On the completion of this course, and passing the required examination, they were appointed Nursing Sisters of the Army Medical Corps. This formed the basis of a reserve, and at the time of the present war there were eighty-four Nursing Sisters in the Army Medical Corps and three more added to the Permanent Army Medical Corps.

An Appeal to Nurses on Behalf of A Worthy Enterprise in Chengtu, West China

By Chas. W. Service, B. A., M. D.,
Chengtu, West China

You will have heard of the Chengtu Medico-Dental College project. It is nearly a year since some of the leading nurses in Toronto became interested in it. They have given much time and thought, in co-operation with physicians and dentists of Toronto, to the preparation of plans for enlisting the interest of members of the three leading professions throughout Canada and Newfoundland. An illustrated, explanatory prospectus has been prepared, a copy of which is available for every nurse. Usually a distribution of these is made locally by some member of the nursing profession, generally the head of a hospital. Be sure that you get a copy, even if you have to write for one! It contains much interesting information about China, its physical needs, and this project.

Of course, nurse training in China is being carried on in other cities than those in which colleges are located; and this work will expand in many centres, as hospitals multiply and missionary nurses increase in number. But particular emphasis must be laid on first-class facilities for training Chinese nurses in college centres, because of the intimate relation between the education of medical students and the work of nurses in well-organized hospitals.

The sum of $7,500.00, from the estate of the late Dr. R. A. Reeve, of Toronto, has been assigned to our project. This is a splendid "starter" for the fund of $100,000.00, which is the objective. The secret of success lies in enthusiasm, organization, and willingness on the part of some in each centre to give more or less time in interesting others. Let me give a few illustrations:

The nurses of Toronto organized a large campaign committee, which distributed the prospectuses and carried on the canvass through the various alumnæ and other organizations in the city. They did the work splendidly and thoroughly, with the result that nearly the whole of the objective of $3,000.00 has already been paid into the treasury. Of course, not all places can raise as much money, and perhaps not even as much in proportion to the number of nurses; but this record shows what has been done in one large centre by the zealous co-operation of a group of busy nurses working systematically.

Another splendid record shows what is being done by one lady superintendent of a small hospital in a small Ontario town. This nurse herself gave $50.00; but that is not what I want to emphasize, for her gift is extraordinary and is far above what is expected from nurses generally. She has secured promises, largely through correspondence, of five dollars each from every one of her graduates, and one dollar each

from all of her undergraduates. In addition, she is undertaking to canvass every doctor in her county as they come to her hospital on professional duties. While the appeal is not directed to nurses-in-training, it is found that many are becoming interested and are contributing from 50 cents to five dollars each.

An interesting instance is that of a graduate nurse who brought $20.00 to her hospital superintendent, but who said to her, "You have been a good collector." She replied, "No, indeed! this is all my own."

Another case is that of the widowed mother of a married graduate nurse who sent $2.00. This illustrates another phase of the project, namely, that the appeal is also to married nurses, and to friends who might become interested.

May I summarize some of the important points?

1. This is an inter-denominational appeal and is not related directly to any mission board. The funds ultimately are sent by Dr. W. E. Willmott, who is our treasurer of the board of governors of the West China Union University.

2. The appeal is a general one to all nurses; and the hope is for a wide response from many, rather than a big response from a few.

3. Where necessary, organize a committee. This is generally required in larger centres, so that no person will be burdened unduly; but in every place be sure that some person, or persons, get actively busy soon.

4. Estimate the number of prospectuses required for your locality, and send to any of the Toronto nurses who are members of the committee; to Dr. J. N. E. Brown, 238 Bloor Street, West, Toronto; or to Dr. C. W. Service, 204 Crawford Street, Toronto. Enquiries may be addressed to any of the above-mentioned persons.

5. Plan for thorough distribution of the prospectuses; to be followed, a little later, by a canvass. Do not forget married nurses! Seek to enlist the interest of some of your friends! Remember nurses and friends in other parts of your country, or elsewhere, including Canadian nurses in the United States!

6. Talk it up amongst the medical and dental friends whom you know.

7. It is desired to "wind up" by the end of May or June, if possible.

8. Send all remittances to Dr. W. E. Willmott, 74 Crescent Road, Toronto. State plainly whether the subscription is from a nurse or from some friend. Each group (nurse, dentist, physician, or friend) is credited with its own subscription.

Demonstrate that the nursing profession is willing to respond to the call from China as it did to the call from Europe. China needs both you and yours. The poor widow of the parable did not cast in more money, but she did put in *more self* than any of the rest. And it is this *measure of personality that counts.*

French Flag Nursing Corps Committee of the C.N.A.T.N.

(Our readers will remember that, in the February issue, mention was made of the decision of this committee to send the balance of money on hand to Miss Annie I. Browne, who has been appointed supervisor of the orphans at the Orphelins de la Guerre, Vieille Chapelle, Marseilles, France. These letters are in acknowledgment.—Editor's Note.)

Dear Miss Locke:

We cannot thank you enough for your truly generous gift. I assure you it will be put to good use. The first thing, we'll buy Swiss condensed milk, for little children most surely need that more than almost any other article of food, especially those not very strong, the convalescents, and the littlest ones, two or four years old. We have had, fortunately, since June, condensed milk given us by the Red Cross, or bought with money donated by an American. This is finished now; and it seems Providential, does it not, that this money has come just in time? Their sole breakfast dish is bread and water, cooked; and when we have the milk to add it is very good, but without milk rather poor. The fresh milk that we buy is needed almost entirely for the cafe au lait for breakfast and for the sick ones. I have had a lot of sickness since the beginning of December—grippe, bronchitis, pneumonia, typhoid (a boy who developed it soon after entering), some other intestinal fever, tonsilitis, etc.

We have had a very mild, pleasant winter so far—not much rain, not much "Mistral." May it continue!

Please thank the association most warmly for the good milk, eggs, etc., their money will provide.

Affectionately,

ANNIE I. BROWNE.

Orphelins de la Guerre,
Vieille Chapelle,
Marseilles, France.

January 30th, 1920.

Madamoiselle:

I wish to thank you for the sum of money which we owe to the generosity to the committee. Be assured that this money will be employed for the benefit of our very little ones. The greater part, as Miss Browne has told you, will be reserved for the purchase of condensed milk, which we use daily, and which is an indispensable product in an institution like ours. The remainder will be employed equally usefully for different purchases.

It is in the name of our little ones, who will profit by this generosity that I address to you our sincerest thanks.

Pray accept, Madamoiselle, our best sentiments and the assurance of our distinguished consideration.

THE DIRECTRESS,
Les Orphelins de la Guerre,
Marseilles, France.

THE AMERICAN RED CROSS

To the Nurses Who Are Members of the American Red Cross Nursing Service:

A Canadian Committee on American Red Cross Nursing Service has been appointed.

This committee is endeavoring to get in touch with all members resident in Canada, and asks that each member communicate with the Secretary. Any members who are not in active nursing work are urged to retain their membership and interest.

Address all communications to the secretary.

Chairman, JEAN I. GUNN,
Toronto General Hospital, Toronto.

Secretary, ELIZABETH FLAWS,
Wellesley Hospital, Toronto.

March 1st, 1920.

THE DEAD

"Hail and farewell to those who fought and died,
Not laughingly adventurous, nor pale
With idiot hatred, nor to fill the tale
Of racial selfishness and patriot pride,
But merely that their own souls rose and cried
Alarm when they heard the sudden wail
Of stricken freedom, and along the gale
Saw her eternal banner quivering wide.
Farewell, high-hearted friends, for God is dead
If such as you can die and fare not well—
If when you fall your gallant spirit fail.
You are with us still, and can we be adread
Though hell gape, bloody-fanged and horrible?
Glory and hope of us who love you, Hail!"

LE GAY BRERETON.

Editorial

Another province has been able to get legal recognition of the profession by succeeding in passing an Act for the Registration of Graduate Nurses. Quebec is the latest to get this, the Legislature passing it at the present session. Congratulations to the nurses and their friends in Quebec! Now all Canada, with the exception of Ontario, Nova Scotia and Prince Edward Island, have an opportunity to standardize their schools, and to insure to the public that, when they employ a registered nurse, she has had a proper training and should be capable of good work.

The Editor wishes to bring again before the nurses the need for promptness in sending in material for the magazine. All matter must be in the publisher's hands by the 8th at the latest; and, as there is usually some editing to be done, the rule has been established that, unless material can be in the Editor's hands by the 6th, the matter cannot appear till the following month. If the nurses will please remember to send all copy by the 1st, there would be far less chance of its being put over for a month.

It is to be hoped that all associations will do their utmost to send a delegate to the convention in Fort William in July. Far too much is left with the same few who attend year after year; and new life and blood is needed in the association, as in all other similar associations.

TIME AND TIDE

By Isabel Ecclestone Mackay

To the long sand and shining bay,
To the far headland, lone and grey,
By beach and creek and long-worn track
The eager tides come flooding back—
Only the tide of man's endeavor
Slips to the sea, returning never.

What swinging star its course directs,
What Might its certain way protects,
Or if it rests by some dim shore
Man knows not, only, evermore
He hears the whisper of its going
Call in the silence—outward flowing!

—*Western Woman's Weekly.*

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.

Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.

Registrar—Mrs. Burch, 175 Mansfield Street.

The February meeting of the C. N. A. was held on Thursday evening, 5th inst. After the transaction of usual business, Dr. Bazin gave an interesting lecture on "Pre-Operative Preparation and Post-Operative Treatment of Abdominal Conditions." There was a good attendance.

The January meeting of the Mothers' Club was held in the club-room, Griffintown, on Friday evening, 2nd inst. Through the kindness of friends, the nurses were able to provide a Christmas treat for the members. Part of the programme consisted of games, a number of prizes being presented to the winners. Music was provided by Miss English and nurses from the R. V. Hospital, and was much appreciated. The Mothers' Club meets on the first Friday in every month, at 8 o'clock, in the club-room, Griffintown. Any nurses who are off duty, and can be present to assist the committee, will be most welcome.

Our secretary-treasurer, Miss Susie Wilson, has been quite ill with "grippe." We are glad to know that she is slowly improving, and hope that soon she will be quite well.

"THEY THAT SEEK ME"

Where shall I find Thee, then, Thou wonderful?
I've sought Thee thro' the day and thro' the night,
And still Thou hidest just beyond my sight!

I've tried to find Thee, I have followed far.
See, I am tired! I've missed the way to Thee;
Touch Thou my blinded eyes, and let me see!

—R. F. H., in *Nursing Times.*

News from The Medical World

By Elizabeth Robinson Scovil

Anti-Tuberculosis Campaign

The various representatives of the societies in Great Britain, France and the United States that are concerned in the world-wide anti-tuberculosis campaign have decided that a conference shall be held in Paris in October for the purpose of drawing up the constitution of an association to be composed of the delegates of the national anti-tuberculosis societies of the different countries that constitute the League of Nations.

Vaccine Prophylaxsis of Scarlet Fever

An Italian medical journal reports that ten children, after receiving a prophylactic vaccination for scarlet fever, mingled freely with other children having the disease, sometimes for as long as two months, but did not contract the disease. Their blood, upon examination, showed the constant presence of antobodies. He is still engaged in researches on the subject. The children were thoroughly exposed, even wearing the clothes of those who were ill.

Prevention of Venereal Disease

The English National Council for Combatting Venereal Disease has issued a statement to the effect that the prevention of these diseases is largely a social as well as a medical problem. Ample facilities for treatment and education of the public promises the best results. No absolute reliance can be placed on personal disinfection, though it has its value if applied within four hours of exposure and with sufficient thoroughness. Satisfactory self-disinfection of women is practically impossible. These applications do not in the slightest degree prevent the contraction of syphilis in the lips, face or hands. Continence is the only certain safeguard.

Dr. William Osler

The remains of Sir William Osler were cremated and the ashes sent to Canada, to be interred here.

Fraud in Marriage

The courts of New Jersey have ruled that the concealment of the fact that he had hereditary tuberculosis, on the part of the husband, because he feared that his wife would not marry him if she knew it, was sufficient ground to justify the annulment of the marriage. They also state that the suppression of the knowledge of the existence of a disease which, in the close intimacy of marriage, may be dangerous to

the other contracting party, or result in its transmission to offspring, is a legal justification for the dissolution of the contract.

The Cost of Eggs

It is said that eggs have changed more in price than any other commodity. In 1897 the highest price was 36 cents per dozen, the lowest 15 cents; in 1919 the lowest price was 40 cents, the highest $1.20.

Finding of the Mumps Diplococcus

It is reported that a gram-positive diplococcus has been isolated from the spinal fluid, the bloom and a lymph gland in five cases of mumps. The injection of the organism into the testicle of a rabbit produced a severe case of orchitis in ten days.

Influenza Infection

As a result of a series of experiments in the United States, it was decided that influenza is transmissible by means of the secretions of the nose and throat in persons ill with the disease. It is conveyed through the nose and mouth of the victim, and the first twenty-four hours of the disease seemed the most infectious time. It was noted, however, that infection did not always occur. Probably the condition of the nose was not favorable for the multiplication of the germ.

Government Aid Essential

It is stated that in the United States about 16,000 mothers die every year in child-birth, and about a quarter of a million babies die under one year old. The statistics for Canada are not at hand; probably they are equally appalling. Most of these deaths are preventable. Children are an important asset in the prosperity of the nation. Are not their lives as well worth preserving as those of cattle and horses? Yet we have unnumbered agricultural societies, and none for the preservation of child life. Small hospitals should be provided, especially in country districts, where expectant mothers could receive proper care, both prenatal and at the time of confinement. There should be accessible instruction on the feeding and rearing of infants, so that their lives should not be sacrificed through ignorance on the part of their natural caretakers. The Department of the Rhone, in France, is providing a hospital for the care of unmarried mothers, so important do they consider the future citizen—even if born out of wedlock.

The Red Cross

It is stated that the Red Cross and the Order of St. John of Jerusalem are to be united. They worked together during the war, and the arrangement was so successful that it is to be continued. They are to unite in the care of the sick and wounded, and of such prisoners of war as may still need attention. They will also care for the tuberculous, and join in child welfare work; also in rendering assistance in all branches of nursing, health, welfare work, and home service ambulance work.

Public Health Nursing Department

The decision of the annual meeting in Vancouver to form a public health section of the Canadian National Association of Trained Nurses was acted upon immediately by the executive, which appointed a committee of five representative nurses to organize the section. The committee is as follows: Miss Eunice H. Dyke, convener, Director of Public Health Nursing, Department of Public Health, Toronto, Ont.; Miss O. Z. De Laney, District Superintendent of Nurses, Victorian Order, Montreal, Que.; Miss Elizabeth Russell, Superintendent of Provincial Nurses, Department of Public Health, Manitoba; Miss Jean E. Browne, Director of School Hygiene, Department of Education, Saskatchewan; Miss Elizabeth G. Breeze, Superintendent of School Nurses, Vancouver, B. C.

The public health page of the magazine has been assigned to this committee, which has urged each provincial association to make one of its members responsible for privincial news items. The special representatives so far appointed by the provincial executive are: New Brunswick, Miss Sarah Broph, R.N.; Ontario, Miss E. J. Jamieson, Miss Beryl Knox, Miss Eunice H. Dyke; Manitoba, Miss Elizabeth Russell, R.N.; Alberta, Miss Christine Smith, R.N.; British Columbia, Miss Janet Campbell, R.N.

Address all communications to Chairman of Public Health Section of the Canadian National Association of Trained Nurses—Miss Eunice H. Dyke, City Hall, Toronto, Ontario.

QUESTION BOX

Questions will be forwarded by the chairman to nurses qualified to discuss the particular subjects.

Replies will be published in this department.

"There are rare epochs in the history of the world when in a few raging years the character, the destiny of the whole race is determined for unknown ages. This is one. The winter wheat is being sown. There are many storms to pass through, there are many frosts to endure, before the land brings forth its green promise. But let us not weary in well doing, for in due season we shall reap if we faint not."

—LLOYD GEORGE.

Question Box

Question:—To what extent is public health nursing carried on in Canada?

Answer:—Until the Canadian National Association of Trained Nurses has agreed upon a definition of public health nursing, it is impossible to answer the question. The public health section of the national organization must adopt a temporary definition at least, in order to determine its membership. This will be one of the topics for discussion at the annual meeting in Fort William. At that convention, reports will be submitted from each province covering public health nursing as they understand the term.

EUNICE H. DYKE.

Nova Scotia

An announcement which has been greeted throughout the Province of Nova Scotia with keen interest is that of the opening, on February 23rd, at Dalhousie University, Halifax, and in co-operation with the Victorian Order of Nurses, and the public health, charitable and philanthropic organizations in Halifax and Dartmouth, of a course in public health nursing. As a community, we are beginning to see the great and good things emerge from the black shadow of the great war, and the great explosion of December 6th, 1917. The course, which is one of six months, is designed to provide graduate nurses with an opportunity

to prepare themselves for work in the rapidly-developing field of public health. Perhaps we should not, as a community, have appreciated the largeness of that field, save for the grim and bitter, but effectual, stimulus of the awful experiences of the explosion time, and of the war. The subjects will include: Public health nursing; hygiene and preventive nursing; physiology and nutrition; bacteriology and pathology; pre-natal, maternity and post-natal nursing; child hygiene; tuberculosis nursing; district nursing; social service; vital statistics; housing in relation to health; public health education; household economics; miscellaneous courses.

The lecturers include a number of the ablest physicians in the province, Miss Luxon, who is the matron of the Victorian Order of Nurses here, and also convener of the health committee of the Nova Scotia Graduate Nurses' Association, being the lecturer on district nursing; Miss Read, also a member of the health committee of the association, and one of the school nurses, one of the lecturers on child hygiene; and Miss Jane B. Wisdom, general secretary of the Welfare Bureau of Halifax, being lecturer on social service. Dr. Franklin Royer, of the Massachusetts-Halifax Health Commission, is the lecturer on public health nursing, and also on public health education.

The Nova Scotia Provincial Branch of the Red Cross is providing scholarships, of the value of $200.00 each, available to twenty candidates.

At the last meeting of the Nova Scotia Graduate Nurses' Association the health committee, above referred to, of which, as intimated, Miss Luxon, of the Victorian Order of Nurses, is the convener, reported that, at its meeting in committee, the chief subject of discussion had been the prospective opening of this course. The association sees in its opening another long step toward an ideal which it has held uncompromisingly before it since the day on which it was formed, which is that of the most thorough equipment for the nurse for the work which she undertakes. With limited space, it is sheer impossibility to dwell in any adequate way on all which the step taken by the university will mean in promoting this ideal—after all, it is obvious, and it is a matter for congratulation to an organization whose attitude from the first has been so firm and fearless where professional ideals were concerned.

It has been but two days since it was announced that the old mansion known as the Admiralty House, which, under the old regime, was the residence of the Admiral of the Fleet during the six months of the presence of the Atlantic Squadron in our waters, had been turned over by the Government to the Massachusetts-Halifax Health Commission as a health centre, and headquarters for far-reaching and beneficial activities. The plans in view by the commission would make interesting reading, but would require for their description more space than is available. Suffice it to say that the city is enjoying an era of unprecedented interest and activity in matters related to the public health, and that needs long recognized and emphasized by the Nova Scotia Graduate Nurses' Association, and movements directed to the very end, which

they have always had in view, are receiving influential and effective championship. They are beginning to realize what may be styled the "joy of the reaper."

It has now been five years since there was appointed by the Board of School Commissioners, in Halifax, the first school nurse. The usual majority in the community sat in the seat of the scornful, but, as ever, the logic of results has proved conclusive and triumphant—the staff has been increased already to two, and next year a third is to be added. As a matter of fact, a third would have been added before this had it not been for various circumstances related to the explosion, through which the work of the schools suffered a very serious setback and handicap. Now the explosion period and the war period are behind us, and the commissioners are to a man strongly favorable to strengthening the hands of the present staff—Miss Read and Miss Mullins—who have done very fine work.

Though the publicity given this work during the Baby Saving Week has somewhat died down, the Victorian Order, of Halifax, "carries on" steadily. Their two clinics—one on Bloomfield Street, every Monday and Thursday from 2.30 to 4.30, and the other on the corner of Prince and Argyle Streets, Tuesday and Friday, at the same hours—welcome all babies, from the newest arrival up to the school age. These clinics are for the purpose of keeping well babies well, and the nurses in charge are only too glad to visit and advise mothers in need of help along this line. On the occasion of a first visit the baby is weighed; measurements of the head, chest and abdomen are made, and he is examined for physical defects. If he is below par, diet and treatment are suggested; and in the case of a normal, healthy baby, every effort is made to keep him that way.

In addition to the clinic, the V. O. Nurses are conducting a Little Mothers' Class, for the members of the Girls' Club of the Community House, on the exhibition grounds. Much interest is being aroused among these half-grown girls, and no one can tell how great the effect may be upon mothers and children of the next generation.

A little incident of this nature goes to show that it is all worth the effort. A mother in very ordinary circumstances, being outside the city limits, lately came into town to be cared for by the Victorian Order. She left two little children at home in care of their daddy, the oldest not over five years of age. The five-year-old and the three-year-old had been for some time saving their pennies, until, between them, they had amassed two dollars, all in coppers. The V.O.N's received a little package and a tiny note; and when they opened it they found these two hundred pennies which, the note said, were to be given to "the nurse who took care of mamma and the new baby." The nurse forgot all about cold nights, long walks, overwork, and felt that she had been amply repaid, and that baby is likely to be a "better baby" because he is so welcome in the family.

The Diet Kitchen

By Elizabeth Robinson Scovil

Pleasing the Children

When a child is recovering from a long illness and has a tardy convalescence, the latter period is apt to be very trying to both patient and nurse. Any diversion is most welcome, and a new dish at meals becomes a matter of importance, especially if it is an unusual one that pleases the eye as well as the taste.

The Hen's Nest

When eggs are used in cooking, break the shells very carefully, as small a hole as possible at the small end, and empty the contents through this. Rinse the shells in cold water and put them away. When ready to use them, make a soft blanc mange, flavored with vanilla, extract of lemon, or almond, and fill the shells with it. Stand them upright in a pan of flour or meal. When cold and hard, break the shell, and you have perfect imitation eggs. To make the nest, cut into narrow strips the rind of two or three oranges. Cover them with water and stew until tender, then add a generous half cup of sugar and cook for a quarter of an hour. Strain off the syrup and lay the imitation straws on a dish to cool. When cold, arrange them as a nest in a glass dish or plate, with a hollow in the middle, in which the eggs are laid. The syrup can be eaten with them.

Easter Eggs

If desired, some of the blanc mange eggs can be colored by dividing the mixture into four parts, leaving one white, adding an egg to the second, chocolate to the third, and a little of the pink coloring that comes in packages of gelatine to the fourth. Cream can be served with them. They look well laid on a bed of sparkling lemon jelly broken into pieces.

Ribbon Blanc Mange

This is made with gelatine and is more delicate than cornstarch blanc mange. Soak half a box of gelatine in a cup of cold water; heat a cupful and a half of milk, sweetened to taste, in double boiler. When it begins to boil, pour it on the gelatine and stir until that is dissolved. Strain, if necessary. Have ready three bowls set in hot water; pour a quarter of the mixture into each, and the remaining quarter into a mould wet with cold water. Melt a little chocolate and add to it the contents of the first bowl. Beat the yolk of an egg and stir into the second, and a little pink coloring into the third. When the white blanc

mange in the mould has cooled a little, pour in the pink mixture; and when that is set, the brown chocolate; lastly, the yellow. It looks very pretty when it is turned out, the base surrounded with whipped cream.

Rice Blanc Mange

It is sometimes difficult to pursuade children to eat rice. It is almost pure starch, and valuable as a food. Any method of cooking it that will induce them to take it with relish is useful.

Wash half a cup of rice by putting it in a strainer; set in a bowl of water, and stir it rapidly, changing the water until every grain is clean. Put half a cupful in a saucepan with a pint and a half of cold water, salted, and cook until the rice is dissolved into a thick paste. Sweeten to taste; add the rind of half a lemon, or a small half-teaspoonful of lemon extract, or a little cinnamon, as preferred. Beat a quarter of a cup of cream to a stiff froth with a Dover egg-beater, and stir into the rice. Pack it into small moulds, turn it out when cold, and serve with a little strawberry jam, or any kind of preserves.

Rice Snowballs

Boil half a cup of well-washed rice in boiling salted water until the grains are soft, but still whole. While it is hot, press it into small bowls or cups, and set them in a cold place to chill thoroughly. Before serving, scoop out the centre of each and fill the hollow with bright-colored jelly or any red jam. Serve with a soft custard made with one egg and a cup of milk and flavored with vanilla.

Rouge Mange

Sago is not often used nowadays; but it makes a pleasant change for children who have to live for a time almost exclusively on farinaceous food, and it is easily digestible. It is made from the pith of different varieties of palm, found in Sumatra, Borneo and Java. Before cooking, it should be soaked in water for almost an hour.

Take half a cupful of sago and soak it in half a pint of water, to which a cup of cranberry juice or jelly has been first added. Cook in a double boiler until soft, and sugar if it is needed. Turn into small wet moulds. When cold, turn out and serve the sago with cream. Red currant jelly, or cherry juice can be used instead of cranberry.

Iceland Moss Mould

Iceland moss is a lichen used for food. It is especially useful as a vehicle for giving bone marrow, which is sometimes ordered for delicate children. Wash a quarter of a cup of the moss thoroughly and soak in enough cold water to cover it. Add it to a pint of milk, and sweeten to taste. After it begins to boil, cook for twenty minutes. Add the marrow, if desired; and in this case serve when stiff, but not cold.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The need of greater numbers and better types of applicants for our training schools has been felt by all those in touch with this work. With this need in mind, the Educational Publicity Committee of the Canadian Association of Nursing Education held a meeting at the Victoria Hospital, London, on November 13th, with Miss Stanley, convener, in the chair. The committee outlined the following scheme for publicity work:

1. Descriptive booklets, to be attractively bound and printed, showing a series of pictures of the outside of the hospital, nurses' residence, surroundings, etc., also a set of interior views of the interesting things that might be shown to a visitor on a tour of inspection; each picture to be accompanied by a few lines of description. A detachable printed postcard might be inserted at the end, so that, if the booklet proved interesting, the reader could use the card to request further information. In response to these cards, a circular of information could be sent. This should go into detail regarding the theoretical and practical course offered, and an attempt be made to answer the usual questions that applicants ask. The picture booklets could be distributed to the reading-rooms of the high schools, public libraries, women's clubs, religious societies, and, by means of alumnæ workers, over as wide an area as possible. These should attract attention, and bring results which would more than repay the initial cost of printing the books.

2. Interesting articles might appear in various religious publications—some to be written by pupil nurses. This is, perhaps, the cheapest and most effective method of advertising, if one is fortunate enough to have pupils gifted with literary ability. The testimony of pupils in training carries weight with parents and guardians; and the pupil is nearer the viewpoint of the applicant, and knows the things that make the strongest appeal to the prospective beginner.

3. A few schools have used posters, of quite large size, showing a few attractive pictures, with a brief but interesting statement regarding the school in question. These posters may be sent to high schools within the province, and there displayed on the bulletin boards. They have proved a successful means of interesting young women, and are cheaper than booklets.

4. Page advertisements in school publications and women's magazines and church papers are suggested. The writers of these advertisements must be familiar with the psychology of advertising, should use pictures, and be sure that the page appears too attractive to be skipped by the reader. It might be a good plan to have reprints of these pages

to send to the various Young Women's Christian Association branches, including the summer camps, to be posted on the bulletin boards. Considering the initial outlay, this would likely prove very profitable advertising. A full-page advertisement is advised, rather than a small one of six or ten lines, inserted among many similar ones, which is easily overlooked.

5. It seems probable that our main source of supply must come from the high schools and colleges of our country. Consequently, our profession must be kept in the foreground, so that these pupils, in thinking of what they intend to do when school days are over, will at least know about nursing. Addresses given in high schools by representatives of the profession, while not the quickest method of securing immediate results, will, perhaps, prove the very best way to arouse interest that will later on bear fruit.

The committee recommended that the suggested advertisements, posters and pamphlets be sent to the various educational centres, and that space be allowed for the publishing of the names of the training schools throughout the Dominion which meet the standard requirements and that wish to co-operate. It was recommended also that the heads of the various collegiates, public schools, etc., be approached, with a view to securing opportunities for members of the association to give short talks on nursing as a profession, at the same time urging the desirable recruits to matriculate.

It was also suggested that the association get in touch with the Women's Institutes; in this way the rural population may be reached. Particular attention was drawn to the handicap of the country girl who was far away from any high school centre, and the financial difficulty of boarding, etc., as compared with the town girl of the same type.

Members of the Canadian Association of Nursing Education are urged to take up this matter in their respective provinces; where there is no chapter of the association, the work may be done through the Provincial Graduate Nurses' Association. Any provinces that have already done work along this line are asked to report to the secretary, giving details and results of the campaign.

DON'TS FOR NURSES

Don't dilly-dally after you get a call if you want doctors to depend on you. Get to the case promptly, or say at once that you cannot be there for several hours.

Don't imagine that you can discipline a patient in his own home as you would in a hospital ward.

Don't forget to study your patient. Humor his likes and dislikes when it makes no difference.

Don't neglect to keep your hypodermic syringes in good working order. Apologies will not make up for time lost in an emergency, when a hypodermic is badly needed and your syringe will not work.

The World's Pulse

By Elizabeth Robinson Scovil

Great Britain Still Vigorous

The Prince of Wales, in a notable speech at the Mansion House, at a great gathering to welcome him home from his visit across the Atlantic, said: "This time six years ago, before the war, there was a widespread feeling that Great Britain was played out, and this feeling was not confined to foreign countries. Now the war has entirely put an end to that idea. What is our duty? It is to ensure that every man and woman in the country may enjoy the just proceeds of their labors, and that every child born into the country may have a fair sporting chance. The world is feeling rather lost at the present time, and it is up to us to show the way to the other nations of the world how to overcome their difficulties. I feel sure we shall show them the way."

The Most Valuable Jewel

Owing to a world shortage, the emerald has become the most valuable of the precious stones. The Columbian mines in South America, which are the chief source of supply, are owned by the South American Government and have not been worked for seven or eight years, owing to financial reasons. The Government is anxious to dispose of them to a European syndicate, but thus far has not been able to arrange the terms.

The Washington Manor House

The famous old Manor House at Sulgrave, Northamptonshire, once the home of Washington's ancestors, is to be restored so as to look exactly as it did in his time. Many gifts have been sent from America to complete the furnishings of that period.

The Prince's Gift

It is said that the Prince of Wales intends to present the souvenirs of his travels in the United States and Canada to the British Museum. Among them is his full-dress Red Indian attire as Chief Morning Star, and the magnificent silver cup presented to him by the Pilgrims.

War Awards

Since the beginning of the war the King has personally invested over 50,000 members of the Army, Navy and Air Forces, and nurses and civilians, with honors and decorations in recognition of meritorious service and acts of conspicuous bravery.

Canadian Colors

The last Canadian colors that were laid up in England for safe keeping during the war have been returned to Canada. They belonged to the Eighty-Second Canadians, and were received by Colonel Lowery at Sellinge Church, England.

First Protest to the League of Nations

Immediately upon the organization of the Council of the League of Nations, a protest was received from the "Irish Republic" denouncing the League and declaring it to be an engine of Empire, designed to secure and perpetuate English hegemony throughout both hemispheres. The first session convened on January 16th, 1920, in the famous clock-room of the French Foreign Office.

Alcohol from Coal

The production of alcohol from coal oven gas on a commercial scale has been proved possible in England. It is hailed as going far towards solving the problem of liquid fuel. The process of extraction by contact with sulphuric acid is not a new discovery, but its utilization on a large scale is now made possible. Ether, chloroform, iodoform, acetic acid and acetone are among the derivatives after the alcohol and benzole have been extracted.

A World Fair in Halifax

Arrangements are being made for holding a World's Fair in Halifax in 1924, the first to be held in Canada. All facilities required for the Olympic games will be provided, the greatest of the world's sporting events. The application for the Olympiad is being considered by the international committee at Geneva, Switzerland. Nova Scotia is hoping for a great influx of her native-born people from abroad.

An Old World Relic

A group of the most prominent women of Great Britain have issued a manifesto with a view to increasing the membership of the League of Nations' Union. The object is to develop and promote the machinery for producing peace and good-will amongst men. It says it is useless to criticize statesmen for not acting unless we have done our part. If women share this duty with men, they will help to create a new force in the world which will make the League of Nations a living and powerful force for putting an end to war.

Starvation in Vienna

A most deplorable condition exists in the Austrian capital; half a million people are on the verge of starvation there. America is contributing between six and seven million dollars a month to its relief; but the misery is so widespread, it can alleviate only a little of it. Fuel is exceedingly scarce and dear, and there is much suffering from cold, as well as from hunger.

The Nurse's Library

Outlines of Nursing History. By Minnie Goodnow, R. N., formerly Directress of Nurses, Milwaukee County Hospital; formerly Superintendent of the Woman's Hospital, Denver, and of the Bronson Hospital, Kalamazoo. Second edition, revised. 12mo. of 375 pages, with 88 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $2.75 net.

This book, in its second edition, would prove to be most useful in that it is condensed, and, in that way, accessible to more pupils of the history of nursing; but, unfortunately, the first element of a history is accuracy, and, so far as Canadian nursing and organizations go, the author has taken no note of any changes, improvements or progression in this country since her first edition, when, even then, the information was not only scant, but inaccurate. As a reviewer, advising books for Canadian training schools, this can hardly be recommended as a source of historical information—at any rate, so far as current history is concerned. It is very possibly the fault of Canadian nurses that the errors in the first edition, of commission, and particularly of omission, were not complained of in time to avoid their repetition in the second edition.

Teaching the Sick. A Manual of Occupational Therapy and Re-Education. By George Edward Barton, A.I.A., Director of Consolation House; President of Consolation House Convalescent Club, Clifton Springs, N. Y. 12mo. of 163 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $1.50 net.

It is generally becoming known that there can be far greater and quicker healing of the body when the mind is occupied, and re-education, both physical and spiritual, accomplished through occupational therapy; and it is the endeavor of the author of this book to show what has been accomplished and to place the manner of doing this, so that it will be possible for others to accomplish a like beneficial result for their patients requiring help. The first part of the book is taken up with the larger problem, showing that therapeutic effects are the first consideration, with the following definition of occupational therapy: "Occupational therapy is the science of instructing and encouraging the sick in such labors as will involve those energies and activities producing a beneficial therapeutic effect." Other chapters comprise instruction in teaching the sick chip-carving, modelling and wood-working, with the final "Vici," with letters from patients showing the real result of the work.

Applied Bacteriology for Nurses. By Charles F. Bolduan, M. D., Lecturer on Preventive Medicine and Hygiene, College of Physicians and Surgeons, New York City; and Marie Grund, M. D., Bacteriologist, Research Laboratory, Department of Health, City of New York. Third edition, thoroughly revised. 12mo. 194 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $1.75 net.

This book has, in this third edition, been brought abreast of current bacteriologic science, carefully revised, and considerable new matter introduced, as, for instance, the role played by the transmission of disease by vermin, the modern antiseptic treatment of infected wounds as shown by the use of Dakins solution and the chloramines, gas gangrene, and on the epidemic of influenza. This book is especially prepared for nurses with the practical application of it to her work among the sick.

THE CROSS-ROADS

My will and I, we fought to-day
Anent a ruin old and grey.
My will said, "Build it up again
With less of heart and more of brain."
"No, no," I said, "I shall not build
That ruin up; my life is filled
With wiser work, so let me rest
And leave me peace within my breast."

. . . . . .

But sometimes, sleepless, in the night
My heart and will renew the fight,
And voices from th' insistent past
Urge: "You will have to build at last."

—R. F. H., in *Nursing Times.*

Loving all denominations equally well usually gives little love to any.

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Hospitals and Nurses

NOVA SCOTIA

The news has been received that the King of Belgium has conferred on Miss Mary T. Lynch the "Medaille de la Reine Elizabeth." Miss Lynch is one of a number of members of the Nova Scotia Graduate Nurses' Association whose work overseas has won recognition in the form of decorations, or who have won other distinction.

In the "Roll of Honor" appear the names of Misses K. O. MacLatchey and Laura Hubley, who went overseas as matrons with the Dalhousie unit; Harriet Graham and Margaret McIsaac, the present matron at Camp Hill Hospital, recently taken over by the Department of Soldiers' Civil Re-Establishment. All in this group were decorated with the Royal Red Cross; while in the list of Associates (Royal Red Cross, Second Class) appear the names of Misses Sadie Archard, Anne Allen, Frances Rice and Louise MacDonald.

Miss MacLatchey was twice mentioned in despatches; Miss Allen was also mentioned in despatches.

In January, Matron-in-Chief MacDonald, after a short leave (five weeks) spent at her home in Bailey's Brook, Pictou County, passed through Halifax on her way to Ottawa to resume her official duties. Nova Scotia is proud to claim as its own one whose record of service overseas during the Great War was of such distinguished efficiency, appropriately recognized in the decoration of the Royal Red Cross of the First Class. She is also a veteran nurse of the South African War. The Nova Scotia Graduate Nurses' Association, desiring to render honor where honor was due, seized their opportunity, and, though the stay of the matron-in-chief in the city was short (two days only), plans matured with surprising quickness into an evening reception held at the Red Cross building. The guests were received by the president, Mrs. Doyle, and honorary presidents, Mrs. Forrest and Miss Pemberton, the latter acting as spokesman. In singularly happy phrase she conveyed to the matron-in-chief the congratulations of the members upon her distinguished "war record," and their deep pleasure in her home-coming, and desiring her to accept, in token of their regard, the gift of an honorary membership in the association.

Replying, the matron-in-chief, with her instinctive simplicity, disclaimed the right to special distinction; but, accepting the gift of the honorary membership, she was, she said, heartily appreciative. "But I assure you that any distinction which I have won has been due to the efficient work and high standing, the earnestness and thorough training of the nurses of my staff—to this I desire to bear testimony," she re-

marked, in the course of a most feeling and graceful tribute to her associates during the strenuous days of the war.

Following the presentation and its acknowledgment, refreshments were dispensed. The matron-in-chief was accompanied by her sister, Miss MacDonald, and her two nieces, the daughters of Mr. Justice Chisholm, of the Supreme Court of Nova Scotia. A large number of association members were present, including many of the Nursing Sisters who had served under Miss MacDonald, and a very pleasant evening was spent.

* * * *

NEW BRUNSWICK

St. John, N. B.

The Nurses' Alumnæ of the General Public Hospital, St. John, N. B., had a grand re-union at its annual banquet in the Clifton House on the evening of February 5th. The guests of the evening were the graduating class of 1919 and a few of the members of the class of 1920. About sixty nurses sat down to dinner, which was served as the first part of the programme. The table was arranged in the form of a large E, and was prettily ornamented. The centre of the head table was taken by Miss E. J. Mitchell, matron of the hospital and president of the alumnæ, who made a charming hostess. Toasts were given and responded to in striking and well-worded speeches. The occasion was a joyous social intercourse, and was one of the most successful of all the alumnæ's gatherings. The toast mistress was Miss Hattie Blanch; and after the toast of "The King" had been given and responded to with musical honors, the toast of "The President" was given. Miss Mitchell's brief address was heartily applauded. "Our Guests, the Graduating Class of 1919," was the next toast, and the response to this was made by Miss Harrington in a pleasing speech. The toast, "To Our Next Annual Dinner," was responded to by the singing of "Auld Lang Syne." Mrs. R. Duncan Smith, former superintendent of nurses, and Miss Maud Retallick, present superintendent, were each called upon for a speech, and made a few appropriate remarks which were very well received. As the speeches were concluded, the room was prepared for dancing, which occupied the attention of the gathering for some time before the National Anthem was sung. The committee in charge were as follows: Reception committee, Miss E. J. Mitchell, Miss Kate Holt, Miss Belle Howe, Mrs. C. H. Belyea, Mrs. D. F. Dunlop; guests' committee, Mrs. R. A. McLaughlin and Miss Alma Law.

The guests of the evening were as follows: The graduating class of 1919—Misses Elva Stairs, Ethel Kee, Mary Harrington, Dorothy Murray, Kathleen Lawson, Grace Finlay, Marion White, Elsie Shaw, Gertrude Cole and Mrs. J. C. Smith; the graduating class of 1920—Misses Agnes Fahey, Margery Matchett and Evelyn Cameron.

The first graduating exercises were held from the Mirimichi Hos-

pital in St. James' Hall, at Newcastle, February 11th, 1920. Misses Elizabeth Lockerbe and Mary MacDonald were presented with their diplomas and class pins. The matron and nursing staff of the hospital were present, as well as a large number of citizens.

An impressive ceremony was performed at the General Public Hospital, St. John, N. B., on the afternoon of February 6th, when a brass tablet to the memory of the late Major J. L. Duval, M.D., C.E.F., was unveiled. The tablet is made of brass, and contains the following inscription: "In memory of Major J. L. Duval, M.D., C.E.F., officer commanding No. 1 Field Ambulance. A member of the staff of this hospital. Volunteered for active service on the declaration of war against Germany in August, 1914. Left with the first division of Canadian troops for overseas. Severely wounded at St. Jean, Flanders; died in London, August 26th, 1915. His body was lost on the SS. Hesperian, sunk by the German submarines. His tomb is the Atlantic Ocean. His memory is an everlasting incentive to heroism and patriotic devotion to duty."

Dr. Kenneth A. Denholm, of Blenheim, Ont., and Mrs. Denholm recently sailed to take up work in the missionary field at Formosa. Dr. Denholm served three years overseas as captain in the C.A.M.C. Mrs. Denholm was formerly Miss B. Myrtle Davis, a graduate of the General Public Hospital, St. John, N. B.

A contract has been signed for the construction of a new nurses' home in connection with the General Public Hospital, St. John, N. B. The building is to be completed early next year, and, when finished, will be one of the finest nurses' homes in Canada. This work is the outcome of very strong efforts put forth by the Women's Hospital Aid, which took the matter up a year or two ago. The cost of the building, which will be nearly $200,000, will be borne by the municipality; but it is expected that the Women's Hospital Aid will raise the funds to furnish the building, at an estimated cost of $30,000. The building was conceived as a memorial to the late Nursing Sister Anna Stamers, a graduate of the General Public Hospital Training School, who lost her life in the sinking of the ill-fated Llandovery Castle.

* * * *

QUEBEC

Jeffery Hale's Hospital, Quebec

At the annual Christmas tree entertainment, Jeffery Hale's Hospital, Quebec, seven of our graduates received their pins and diplomas, the class being: Miss Margaret Mackenzie, Guelph, Ont.; Miss Sara Van Steenburgh, Sherbrooke, P. Q.; Miss Daisy E. Jackson, Limoilou, P. Q.; Miss May E. Lunam, Ottawa, Ont.; Miss Evelyn Coffin, Peninsula Gaspe, P. Q.; Miss Margaret Wilson, Ottawa, Ont.; Miss Flora M. Ascah, Peninsula Gaspe, P. Q.

It is with deep regret we have to record the death, since, of Miss Evelyn Coffin, a girl of most sweet and generous disposition, beloved by all her classmates and everyone who knew her.

Miss Elsie Walsh (class '15) has been laid up for some time; but her friends are glad to see her able to be back at work again.

Mrs. Dooley (Miss Dalgleish, class '17) has returned to Quebec, where she expects to reside.

Miss M. Wilson has returned to her home at Ottawa, where she expects to take up special work shortly. Her friends wish her all success in her new work.

Miss M. Mackenzie, who has been at her home, Guelph, Ont., since graduating, was recently laid up with "flu"; but is now convalescing, we are glad to say.

SHERBROOKE

Through the kindness of Mrs. St. Denis, in placing her residence at the disposal of the association, the graduate nurses gave a successful and very enjoyable tea and musicale on Saturday, February 7th, in aid of the "Grace Nurse Memorial Fund." Mrs. MacKinnon, president of the association, received with Mrs. St. Denis; Mrs. McKechnie and Miss Bayne poured tea and coffee; and those assisting were Mrs. Davey, Mrs. Galt Tomas, the Misses Bostwick, Stevens, Bourn, Murray, Turner and J. and E. St. Denis. The sum of $28.00 was realized.

The many friends of Nursing Sister E. M. Stewart will be interested in knowing that she has taken up S.C.R. work in Esquimalt, B. C.

The death occurred in December of Mrs. Hetherington, mother of Miss Helen Hetherington, for many years secretary of the association.

Miss Bayne has accepted the position of lady superintendent of the Sherbrooke Hospital, replacing Miss Cole, who left in December to be married. Miss Bayne is a Canadian, a graduate of the Hahuemann Hospital, New York, and was formerly assistant superintendent and instructor of nurses at Bogal Lusan, La.

* * * *

ONTARIO

TORONTO

Miss Kathleen Panton, graduate of the Hospital for Sick Children, Toronto, who was on active service overseas for over four years, and who has been on duty at the Dominion Orthopedic Hospital since her return to Canada, expects to leave some time in March for a trip through France and Italy. Her friends wish her bon voyage.

Miss Ethel Brewer, graduate of the Hospital for Sick Children, Toronto, who was on active overseas service for several years with the University of Toronto unit, has accepted an appointment in the Rockefeller Institute, New York City.

Miss Helen Needler, graduate of the Hospital for Sick Children, Toronto, has recently accepted the position of night supervisor of the Children's Hospital, Winnipeg.

Miss Elizabeth Hall, for the past three years district superintendent of the Toronto Branch, has retired from the work of the Order after giving a number of years' service. Miss Hall was head nurse of the Vancouver Branch, and afterwards inspector. She then went to Toronto, and is one of the best executive nurses in the Order. She will be very much missed. At a luncheon at the King Edward Hotel, Toronto, on the 11th of December, on behalf of the local association of Toronto, the Duchess of Devonshire presented Miss Hall with a gold wrist watch as a small token of their appreciation of her services.

The position left vacant by Miss Hall has been filled by Miss Edith Campbell, R. N., a Canadian, who took her training at the Presbyterian Hospital, New York, and afterwards spent two years at the Henry Street Settlement. After a year with the Victorian Order in Montreal, she went overseas with the First Contingent and was first matron of the Taplow Military Hospital, then matron of the Canadian No. 1 Base Hospital. Miss Campbell wears the decorations of the Royal Red Cross and the Military Medal, and the Order is very glad it has had the opportunity to secure her for its work in Toronto.

Peterboro

The regular meeting of the Nicholls Hospital Alumnae was held in the Nicholls Hospital, Peterboro, on January 20th, at 3.30 p.m. The officers for the year were elected: President, Miss F. Dixon; first vice-president, Miss E. B. Walsh; second vice-president, Miss Gertrude Howson; secretary, Miss Eva Archer; treasurer, Miss Flo. Stuart; *Canadian Nurse* correspondent, Miss M. J. V. Jory. After the meeting adjourned, Miss Beamish, the superintendent, who has lately returned from overseas, entertained the nurses in her reception room, where a pleasant and informal half hour was spent over the teacups.

Miss Dixon, who has been nursing in Westmount, Que., is home.

Miss Kennedy, who has been resting since her return from overseas, has left for Victoria, B. C.

Dr. Service has visited our hospital in the interests of the proposed new medical college in connection with the Chengtu Union University. He is asking for volunteer doctors, dentists and nurses to help man this much-needed institution in Western China.

* * * *

MANITOBA

Winnipeg

The Hospital Aid ball, which took place at the Royal Alexandra Hotel on Friday night, February 15th, was one of the most successful and enjoyable of the winter. With one or two exceptions, this will be

the last of a brilliant series of social events of the season. After the New Year's entertainment the members of this splendid committee in charge have earned a name for themselves as ideal hostesses. Mr. Lavitt, as orchestra leader, supplied a splendid programme of twenty dances. Supper was served in the main dining-room at 11 o'clock. Among those present were: Capt. and Mrs. Robinson, Dr. and Mrs. A. J. Burridge, Mr. and Mrs. Edward Anderson, Mr. and Mrs. R. A. Rodgers, Mr. and Mrs. Pete Turner, Mr. and Mrs. Frank Girdlestone, Miss Mary Martin, Mr. and Mrs. C. V. Alloway, Mrs. Edmond Howell, Mr. and Mrs. John E. Botterell, Mr. and Mrs. Sharpe, Miss Josephine Anderson, Miss Helen Sandison, Miss Marjorie Carruthers, Miss Dorothy Andrews, Miss Helen Parr, Miss Evelyn McGregor, Miss Gladys Webb, Miss Helen Cameron, Mr. and Mrs. D. Clarke, Miss Jean Scott, Miss Lillian Steep, Miss M. Charrest, Miss Aleen Moir, Miss Emily Boswell, Miss Jean Mott, Miss Dorothy Trueman, Miss Margaret Martin, Miss Bertie Jones, Miss Lenore Devlin, Miss Mary Freeman, Miss Margaret Rogers, Miss Kit Douglas, Messrs. Jack Baker, Chas. Duncan, C. Gray Chown, Creaser Crawford, Don Fleming, Wilfred Steep, R. T. Webb, Bill Smith, Jack Billings, Stan Gilmore, Vernon Moynes, Dick Smith, Wm. McPherson, Fortyn, Bill Congdon, Veysie Curran, Leslie Cameron, Vernon Robinson, Theodore Crawford, Hugh G. Carleton and S. W. Day.

Miss N. McDonald, matron-in-chief of the C.A.M.C., who has recently returned from overseas, and Miss E. C. Rayside, matron-in-chief of Ottawa, have arrived in the city, and will spend a few days at the Manitoba Military Hospital, Tuxedo Park.

Nurse Alafia Olafson, aged 18, a probationer nurse at the General Hospital, died of pneumonia on Thursday morning, February 12th., following a brief attack of influenza. The nurse was taken sick on the previous Friday and was compelled to leave her work.

Brandon

At the January meeting Miss Finlayson gave an interesting paper on the Conference of the Manitoba Graduate Nurses, which was held in Winnipeg in December, and which Miss Finlayson attended as the Brandon delegate.

Plans for the new General Hospital are now in full swing, and the different associations and chapters are working vigorously in aid of funds. Brandon has long felt the need of a larger and more up-to-date hospital in order to provide sufficient accommodation for the city and the surrounding districts. The Association of Graduate Nurses has already raised over $700, which was the well-earned result of two entertainments, which were not only well attended, but thoroughly enjoyed. The first of these was a dance held at the Prince Edward Hotel in December, and the other a carnival, in January, which proved very successful in every way. One of the attractions was a hockey match,

Nurses vs. Doctors. A very pretty exhibition of fancy skating was given by some of the members of the Royal North-West Mounted Police. Prizes were given for the best costumes, and lunch served by the Clinic Club.

* * * *

BRITISH COLUMBIA

Victoria

The annual meeting of the Victoria Graduate Nurses' Association was held February 2nd, 1920, at the Victoria club-rooms. Miss Herbert was elected president, and the other officers are as follows: First vice-president, Miss Grimmer; second vice-president, Mrs. Sylvester; secretary, Mrs. Chambers; treasurer, Mrs. A. M. Gregg; executive, Mrs. L. Yorke, Misses Vantreight, Tolmie, McNair and Forshaw. Standing committees as follows: Registry—Mrs. F. M. Bryant, Mrs. W. M. Ivel, Mrs. M. W. Thomas; Finance—Mrs. Gregg, Mrs. Sylvester, Miss Tolmie; Publication (*Canadian Nurse* magazine)—Miss O'Brien, Miss Morrison and Miss Grimmer. The membership is now 72; and great satisfaction was expressed over the success of the Central Nursing Registry, Wellington Avenue, which is under the able supervision of Miss O'Brien; and reference was made to the proposal of the association to furnish a ward in the Royal Jubilee Hospital in memory of the service rendered by the late Nursing Sisters, Gladys Wake, Christina Campbell and Jessie King.

The activities of the association show evidence of great energy, and most satisfactory reports from all committees were received.

Vancouver

The Vancouver Graduate Nurses' Association held their regular monthly meeting Wednesday, February 4th. After the routine business, Mr. F. H. Lawrence gave a very instructive paper on "Teaching the Deaf." Arrangements were made for the fourth annual dance, to be held Tuesday, February 10th, to welcome the returned doctors and nurses back.

The Vancouver Graduate Nurses' Association were hostesses last evening, Tuesday, February 10th, at their fourth annual dance in the Navy League headquarters, when over 400 guests were present. The function was purely a social event, being given in honor of the returned doctors and nurses who served overseas. Much credit for the success of the evening was due the various committees. Mrs. E. D. Carder, convener of the dance committee; Miss Cosae M. Haskin, president of the association, with the committees, and the following patronesses received the guests: Mrs. M. T. McEachern, Mrs. C. E. Disher, Mrs. Letson, Mrs. Buckland and Mrs. Hanbury. Delightful music was provided, and refreshments served in the dining hall of the auditorium. A very enjoyable and successful evening was spent, and many doctors and

their wives were noticed among the nurses. Letters of thanks were sent to all who helped.

The regular meeting of the V.G.N.A. was held Wednesday, March 3rd. The special feature of this meeting was the address by Mr. A. G. Dalzell, "Women as Pioneers in Housing Reform." There were a great many points of particular interest to nurses in this address. The question was discussed among those present, and a committee formed to bring in a resolution at the next meeting to interest other women's organizations in this matter, which affects the health, home life and working conditions of so many people.

MARRIAGES

Esmonde-White-Howard—In Vancouver, B. C., on Monday, February 2nd, 1920, Mr. Herbert Esmonde-White to Miss Amy Howard, R. N. Mr. and Mrs. Esmonde-White will reside at Hammond, B. C.

Gillies-Blair—At St. John's Presbyterian Church, Vancouver, on February 14th, 1920, by the Rev. E. D. McLaren, Dr. George Ernest Gillies, son of the late Dr. John Gillies and Mrs. Gillies, of Teeswater, Ont., to Edith Agnes Blair, eldest daughter of Mr. and Mrs. Gilbert Blair, Angus Avenue, Vancouver, graduate of Vancouver General Hospital.

Harrison-Musselman—At Lamont, Alta., September 2nd, 1919, Robert E. Harrison to Christene Musselman, graduate of Vancouver General Hospital, 1916.

Neal-Compton—St. John, N. B., February 3rd, 1920, Sarah Gertrude Compton (graduate of General Public Hospital, class 1918) to Mr. Boyd Neal.

Reid-Pridham—At Goderich, Ont., January 1st, 1920, Beatrice Alexandra, daughter of Mr. and Mrs. F. I. Pridham, to Lieut. Arthur Pritchard Reid. Miss Pridham is a graduate of the Hospital for Sick Children, Toronto, class 1918.

Taylor-Cox—At Calgary, Alta., January 20th, 1920, Reginald Taylor to Eva Mae Cox (class 1920, Galt Hospital, Lethbridge). Mr. and Mrs. Taylor will live at Red Deer, Alta.

Woodcock-Wyatt—In the Eaton Memorial Church, Toronto, Ont., February 11th, 1920, Vesta Wyatt, elder daughter of Mr. W. E. Wyatt, of Toronto, to Capt. W. Arthur Woodcock. Miss Wyatt is a graduate of the Hospital for Sick Children, Toronto, class 1918.

DEATHS

Jarvis—At Toronto, Ont., February 15th, 1920, Mrs. J. Jarvis, of influenza. Mrs. Jarvis (nee Miss Nora Rogers) was a graduate of the Hospital for Sick Children, class 1910.

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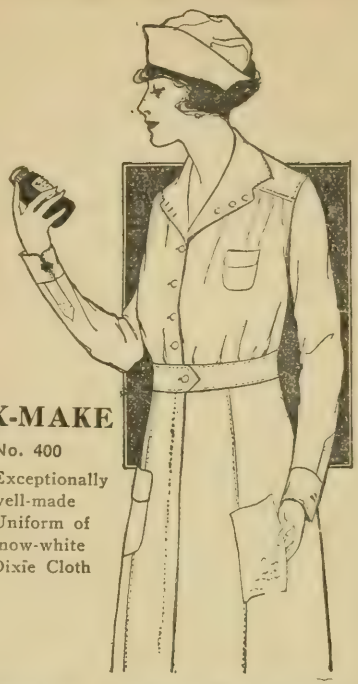

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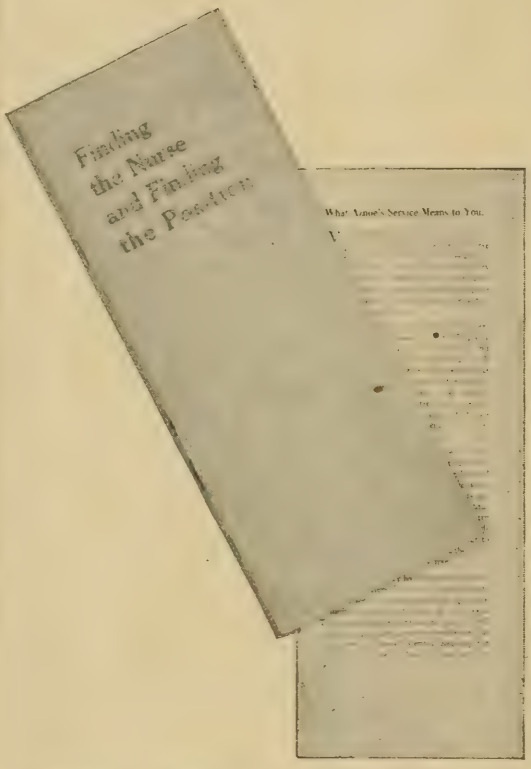

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Regular monthly meeting second Wednesday, 8 p.m.

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Regular monthly meeting first Thursday at 8 p.m.

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Regular Meeting—Second Monday of each month.

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Regular Meeting—First Friday in each month.

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Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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Regular Meeting—First Friday of each month.

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Regular Meeting—First Thursday every second month, 8 p.m.

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Regular Monthly Meeting, second Wednesday at 3 p. m.

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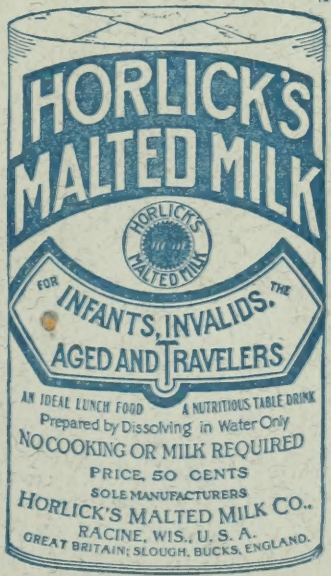

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